

1. PLACE OF DEATH.

County of **PHILADELPHIA,**

Township of

or
Borough ofCity of **PHILADELPHIA.**

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

Registration District No. 1.

File No.

Primary Registration District No.

Registered No. **2759**(No. **2650 N. Eighth** St., **19** Ward.)2. FULL NAME **George W. Euell Sr.**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**
(Write the word.)6. DATE OF BIRTH **Oct 29 1850**
(Month) (Day) (Year)7. AGE **59** yrs. **11** mos. **21** ds. If LESS than 1 day how many hrs. or min. >8. OCCUPATION
(a) Trade, profession, or particular kind of work **Oyster Opener**
(b) General nature of industry, business, or establishment in which employed (or employer)9. BIRTHPLACE **Phila**
(State or Country)10. NAME OF FATHER **Solomon Euell**11. BIRTHPLACE OF FATHER **Virginia**
(State or Country)12. MAIDEN NAME OF MOTHER **Mahala**13. BIRTHPLACE OF MOTHER **Virginia**
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) **Geo W Euell**(Address) **2650 N 8th St**

15.

Filed 191.....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **October 20 - 1910.**
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from **Sept. 1 - 1910.** to **Oct. 20, 1910.**
that I last saw him alive on **Oct. 20, - 1910.**
and that death occurred, on the date stated above, at **9 A. M.**
The CAUSE OF DEATH* was as follows: **Uræmia.**(Duration) **about one** mos.Contributory **Sub-acute Bright's Disease**
(SECONDARY.)(Duration) **about 2** mos.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) **Chas P. Mercer** M. D.**Oct. 20, 1910.** (Address) **2554 N. 8th St.**

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS).

At place yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL **Mount Moriah Cemetery**DATE OF BURIAL **Oct 23 1910.**20. UNDERTAKER **E. Bowen How**ADDRESS **1018 S. 2nd St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.